Passport to Health • Member's Provider Change/Enrollment Form

Questions?
Call the Help Line:
1-800-362-8312

To change a Passport provider: Fill out this form and put a check (✓) next to the reason for changing (see below) or you can call the Montana Health Care Programs Member Help Line at 1-800-362-8312 to change.

If you are enrolling with a Passport provider: Call the Help Line at 1-800-362-8312 or you may fill out this form and mail it.

To complete this form:

1. Write the name, Medicaid /HMK *Plus* ID number, and date of birth for each member you are enrolling. Look at your Medicaid/ HMK *Plus* card to find each member's number. Choose a Passport provider for each member.
2. Write your name, address, and telephone number or message telephone number.

Mail the form to:
Passport to Health
PO Box 254
Helena MT 59624-9910
Or fax to 406-442-2328

	Name of Member(s) Changing Provider	Medicaid /HMK *Plus* ID Number(s)	Date(s) of Birth	Passport Provider (choose one for each member)
1.				
2.				
3.				
4.				
5.				
6.				

Relationship to Member Changing Provider is (check all that apply): ☐1. Myself ☐2 Member's Parent ☐3. Member's Guardian ☐4. Medical Power of Attorney

Name **Street Address** **City and Zip Code** **Telephone or Message Number**

Reason for Change of Provider

☐ 1. My current provider is too far away.
☐ 2. I moved to a new town/new part of town.
☐ 3. I want a provider with a different specialty.
☐ 4. I want my family to go to the same provider.
☐ 5. Inconvenient appointment times.
☐ 6. Provider retired/moved/left practice.
☐ 7. Personality conflict between the provider and me.
☐ 8. I prefer a different provider.
☐ 9. Medicaid/*HMK Plus* assigned me to a provider; I want a different provider.
☐10. My provider asked me to choose someone else.
☐ 11. Other (explain) _____

** For reasons 12–15, please call the Help Line if you would like to make a complaint.*

☐ 12. I had to wait too long for appointments.*
☐ 13. Provider did not explain things clearly.*
☐ 14. Provider and/or staff were rude.*
☐ 15. I feel I am not getting good medical care

If you call the Help Line at 1-800-362-8312 to change or enroll, you do not have to fill out this form. Open 8 a.m. to 5 p.m.